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Bulletin of
THE MENNINGER CLINIC

VOLUME 5 MARCH, 1941 NUMB 2

THE SZONDI TEST[1]

BY DAVID RAPAPORT, PH.D.

This test procedure, on which the present report is the first to be published in this country, was designed by Dr. Lipot Szondi[2] of Budapest, Hungary. Dr. Szondi began to develop the procedure in 1930, and no comprehensive study of it has been published as yet. Preliminary theoretical articles by Dr. Szondi,[3] a work manual, and two essays on special applications of the test (written in the Hungarian language) are all the literature that is available on the subject.

[1] Dr. Szondi calls his procedure "Experimental instinct-diagnostic." I am indebted to Dr. Szondi for introducing me into the work with his test, and for his kind permission to publish this first English account of the procedure. The purpose of these footnotes is to do justice to his theory on the points where I am unable to follow or cannot agree with his conclusions, or where the clinical psychologist is not especially interested in the theoretical implication.

[2] Dr. Lipot Szondi is one of the best known Hungarian psychopathologists. Research on constitution and heredity is his most important background. He attacks two problems: (1) What is the fate of the latent recessive genes; do they really lie inert in the heterozygotes? (2) Does the constitution have a part in determining temperament, choice of "type of life," choice of profession, choice of mate? He concluded that latent recessive genes do not lie inert, and that their role is in determining activities of choice. He found that one chooses for a mate a person in whom those factors are overt which are latent recessive in himself. He found that one chooses profession, etc. to satisfy needs originating in latent recessive genes. This was a clinical impression and it became the idea on the basis of which the present test was developed. He intended to find a means for the experimental exploration of heredity. Dr. Szondi calls the process underlying the choices *genotropism*. He believes that it is the basis of the attraction of human beings to each other. According to him, this genotropism has a threefold psychological phenomenology: libidotropism, idealotropism, and operotropism (choice of mate, ideal, and profession, respectively).

[3] *Contributions to Fate Analysis: Analysis of Marriages*. Dr. Lipot Szondi. Ed. Martinus Mijhoff: The Hague, 1937.

Lectures on Experimental Instinct-diagnostic. Dr. Lipot Szondi. 1939.

Instinct and Education. Dr. Lipot Szondi. In the Yearbook of the Hungarian Pazmany Petrus University, Psychological Laboratories, 1940. (Hungarian).

DESCRIPTION OF THE TEST AND OF ITS PSYCHOLOGICAL MAKEUP

The test consists of forty-eight photographs of different faces. These photographs are divided into six sets. Each set contains a photograph of a homosexual, a sadistic murderer, an epileptic, an hysteric, a catatonic, a paranoiac, a depressive, and a manic. The sets are presented, one after the other, and the subjects are requested

FIG. 1. Administering the test

to choose the two most liked and the two most disliked photographs of each set (Fig. 1). These twenty-four acts of choice are recorded on a profile (Fig. 2); the likes above, the dislikes below an axis. The graph obtained in this way is the material to be interpreted.

The distribution of choices among the eight types of photographs has been empirically found to reflect certain trends of personality. The number of choices of photographs of homosexuals has been found to reflect the n··ure of the psychosexual development of a sub-

ject. The number of choices of photographs of sadistic murderers has been found to reflect the aggressivity in a subject. The number of choices of photographs of epileptics represents the paroxysmal quality of behavior and thinking; the hysterical choices the feeling aspect of the emotional life. The number of choices of photographs of catatonics indicates the quality of narcissism and withdrawal;

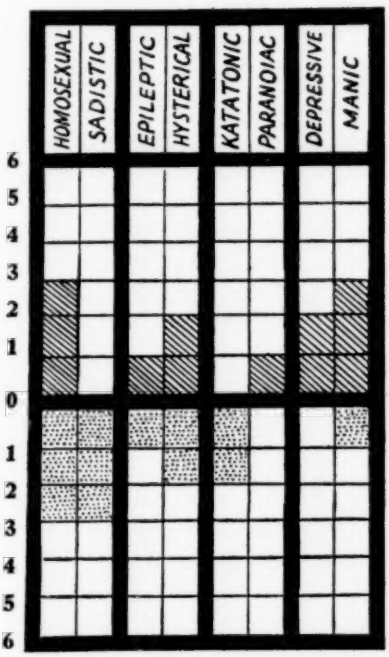

FIG. 2. Test Profile of the case reported

those of paranoiacs represent the expansive forces and creative abilities of a subject. The number of choices of photographs of depressives and manics reflects a subject's mood-life.

Whether or not the selection of these eight groups was felicitous cannot yet be decided.[4] However, the idea of characterizing drive

[4] Dr. Szondi maintains that genealogy proved the independence of the four main factors discussed above, and states that his choice of these factors was governed by his aim to use factors whose independence—according to him—has already been established by research in heredity.

tendencies by their pathological forms seems to conform with methods of modern science. The fact that extreme clinical cases choose none of the photographs of people having their type of disturbance (e.g., a typical catatonic does not choose pictures of catatonics) satisfactorily justifies the use of the method for practical purposes.

Summing up, the test reflects the basic drives (the homosexual and the murderer choices); it characterizes the impulsivity and feeling-life of the subject, giving a certain measure of their paroxysmal qualities (epileptic and hysterical choices); it gives a picture of the distribution of introversive (catatonic and paranoiac choices) and extroversive (depressive and manic choices), schizoid and cycloid tendencies.

One might justifiably ask how all this was established. The answer is: by clinical trial. Five thousand tests were given. The outstanding personality features of the subjects were recorded and compared with the predominant features of the test. In this way an impression was gained of the representation in the test of exaggerated personality features. Blind diagnoses were made, successes and failures of which refined the procedure and gave a basis for interpreting less exaggerated findings. Thus, it was developed on the only lines possible for a projective test.

MODALITIES OF CHOICE AND THEIR SIGNIFICANCE

Experience with the test has established three facts: (1) The choices in any one category give an indication of the tendencies which are latent in the subject, while the fact that in a certain category no or few choices are made indicates that the corresponding tendencies are overt in the subject. Thus, if we have only two choices in the sadistic column, we conclude that strong aggressions are overt in the subject; while six choices indicate strong latent aggressions. (2) The pictures chosen as disliked represent rejected, repressed, or sublimated tendencies. The pictures chosen as liked represent tendencies accepted by the super-ego and available for manifestation. (3) A high number of choices in one category indicates that the respective tendency is near manifestation. For example, an epileptic *just before* a convulsion will usually have a high number of choices in the epileptic column, whereas after convulsion few or no epileptic pictures will be chosen.

The number and kind of choices in a column are called modality. The modality may be, (a) overt, when few or no choices fall into the column; (b) pre-manifest, when from two to six "like" choices fall

into the column; (c) repressed, when from two to six "dislike" choices fall into the column; (d) ambiequal, when an equal number of "like" and of "dislike" choices falls into the column.

These possible modalities of the eight columns show only some of the great variability the test can reflect. The variability is further insured by the fact that the whole test is a unity in which the significance of each factor depends on the configuration of all the factors. The test is a whole the configuration of which determines the significance of each factor. This feature characterizes every good personality test. Thus, whether in a given case the modality of the aggressive column indicates civilizatory achievement, or introverted aggression, etc., depends on the modality of the rest of the columns.

A further factor increasing the variability of the test is given in the comparison of series of tests administered to a subject. These comparisons show which are the more stable and which the labile factors in the subject's personality.

APPLICATION OF THE TEST AND RESULTS AT THE PRESENT TIME

On the basis of the research material gathered until now, it seems probable that the test offers possibilities of being used for more than personality description. Szondi found that the choices and their interrelation were highly correlated with the professions, crimes, and disease-dispositions of the subjects. This result will hardly surprise anyone acquainted with psychoanalytic theory and its applications. In my clinical experience the test proved to be a valuable means of clinical diagnosis and of differential diagnosis of psychoses, neuroses, and personality disorders. The diagnostic validity of the test is further supported by the agreement of its findings with findings of the Rorschach test.

The test is comparatively new. The accumulated material is suggestive but still insufficient for giving a system of standards. Thus the test, although already useful, is still in the stage of exploration and needs much further research.

How valuable it may prove as a means of diagnosis in psychiatric conditions can be illustrated by the comparison of a routine test report with a brief clinical summary kindly supplied in this instance by Dr. Carl-Gustaf D. Tillman of this Clinic. The following analysis was prepared without any knowledge on the part of the examiner of the psychiatric history of the patient.

SZONDI TEST CONCLUSIONS

Test Findings

(1) *The outstanding overt features.*

The test shows that the most overt features are the paranoiac, the depressive, and the epileptic features. This means that we expect to find strong projective mechanisms, depressive and anal erotic features, and an alternation of kindliness and hostile impulsiveness.

(2) *The outstanding latent features.*

The main latent features are the homosexual and the manic features. This means that we expect to find a struggle between homo- and heterosexual tendencies. Strong oral erotic tendencies seem to be available for manifestation.

(3) *The probable category (normal, neurotic, or psychotic).*

Psychosis is not probable, because the dislike choices of homosexual and sadistic pictures are abundant. We probably deal with a schizoid neurosis, because a minimum number of catatonic and paranoiac pictures was chosen. This neurosis is characterized by some depressive features and strong projective phantasies.

(4) *The probable character of the psychosexual development.*

Patient is in a pregenital stage of psycho-sexual development which is characterized by a struggle between homo- and heterosexual tendencies, and by a specially strong oral and a less significant anal component.

(5) *The civilized and socialized achievements and their relation to natural endowment.*

The "dislike" choices of pictures of sadistic murderers indicate that patient is civilized in his manners; the "like" choices of paranoid pictures indicate a rich natural endowment, and the "dislike" choices of homosexuals indicate a considerable culture.

Interpretation.

The test shows a schizoid neurosis with projective-obsessional phantasies. A bisexual conflict with strong oral-erotic features is indicated. Kindliness and hostile impulsiveness alternate. A slight depressive touch is indicated.

CLINICAL SUMMARY

Report of the Psychoanalyst

The patient was a 22-year-old male who first consulted the Clinic in 1934 when 16 years of age. At that time he gave a story of having had many vague fears and complaints for the preceding three years, necessitating his withdrawal from high school in his senior year despite a brilliant school record. He led a withdrawn, seclusive life, supporting himself by menial jobs.

During the next three years he was seen intermittently in the Clinic for advice and reassurance while he continued to support himself as a restaurant worker. In 1939 the patient began psychoanalysis. After 11 months of psychoanalysis a review of his mental status could be summarized as follows:

The patient's outstanding difficulties are to be found in his fears of people, fears of being hated, and of being thought incompetent and "sissy." Projections influence all of his interpersonal relationships. He feels himself thwarted, frustrated and constantly insecure. His mood is one of constant mild depression, accompanied by feelings of hopelessness and despair. His erotic life is marked by unsuccessful attempts at heterosexual accomplishment and attempts at being accepted as an equal by other men. He indulges intermittently in autoerotic practices, occasionally at-

tempting self-fellatio. Much of his libido expression is oral in character although he expresses numerous fantasies of an outspoken anal character. The patient is well informed and his command of English in writing is excellent. He has good social understanding and is generous and helpful in his attitudes, although because of his fears he is able to demonstrate these qualities only sporadically. His sublimations are poorly organized and are expressed usually only in fantasy so that cultural interests and achievements are almost non-existent.

THE MECHANISMS OF PROJECTION

What mechanisms of projection may underlie this projective test? This question has not yet been answered satisfactorily. The following references seem to have a bearing on the question. H. Werner,[5] in his researches in developmental psychology, came to the conclusion that primitives, children, persons with brain trauma, etc., have an undifferentiated perception in which the orientation comes about through a whole-impression to which Werner gave the name "Physiognomic Character."[6] In our civilized life this type of judgment is not much used. We judge according to objective atomistic properties. We are taught not to follow our feelings, but to control them cautiously. Nevertheless, we have feelings; we say, "I have the impression" when the situation we are confronted with is too subtle or too general to be dealt with by the methods of logic. Wertheimer and Arnheim[7] conducted experiments which seem to bear out objectively the presence of this ancient quality in our perception and judgment. The functions of projection underlying the test have probably to do with the functions referred to by Werner, and by Wertheimer and Arnheim.

CONCLUSIONS

The present account of the Szondi test points out that, (a) this new test procedure, born of the aim to investigate experimentally psychic correlates of heredity and constitution, turned out to be a valuable means of clinical diagnosis; (b) the test has a wide variability and can be correlated with Freudian concepts of psychodynamics; (c) the results obtained so far encourage further research.

[5] Heinz Werner, Comparative Psychology of Mental Development. (English translation.) N. Y. Harper & Bros., 1940, pp. xii and 510.

[6] Op. cit.

[7] R. Arnheim, "Experimental-psychologische Untersuchungen zum Ausdruckproblem." *Psychologische Forschung*, 11, pp. 2–119.

A CULTIST DRUG-ADDICTION IN AN INDIAN ALCOHOLIC

By Weston LaBarre, Ph.D.*

ETHNOLOGICAL INTRODUCTION

Peyote (*Lophophora williamsii*), commonly and erroneously called "mescal" is a spineless, carrot-shaped cactus growing in the Rio Grande valley and southward in Mexico. The fleshy, dumpling-like crown, cut off transversely and dried into a woody "button," contains the unusually large number of nine narcotic and other alkaloids of the isoquiniline series. Of these alkaloids, mescaline, peyotline, and others have a morphine-like effect physiologically (pupil-dilation, production of color-visions, etc.); lophophorine, anhalonine and others have strychnine-like reactions (characteristic cardiac symptoms, increase of reflexes to the point of opisthotonus, etc.).

This production of visual hallucinations and auditory, kinæsthetic, olfactory and other psychic phenomena led the Aztec and other Mexican tribes to value and use the plant for magic and religious purposes since pre-Hispanic times. Since about 1870 the peyote cult has crossed the Rio Grande into the United States, spreading eastward to the Great Plains and northward to Canada, and westward through the Great Basin to California. The peyote cult is unquestionably the chief functioning religion of the majority of Indians in the United States today, and as such is a source of considerable embarrassment to legislators and administrators.

The typical peyote "meeting," at which the drug is eaten by all participants, is an all-night ceremony in a tipi, with a ritual fire, symbolic crescent altar, the singing of "peyote songs," and the passing of ceremonial objects. The "visions" obtained through the pharmacological effects of the plant are interpreted as visits from the supernatural beings; and inasmuch as the vision (formerly induced by a

* Dr. LaBarre was a research fellow of the Social Science Research Council at the Menninger Clinic from September 1938 until May 1939. The field work on which this study is based was financed jointly by the American Museum of Natural History in New York and the Institute of Human Relations at Yale University. Dr. LaBarre now teaches anthropology at Rutgers University.

four-day solitary fast) was highly valued in pre-peyote times in the older Plains religions, the psychological facilitation for its wildfire spread is clear. The supernatural vision is the "psychic authority" for the Plains Indian's life-activities and beliefs, much as the pragmatic or scientific laboratory method is our own culture's touchstone for truth. These ethnological matters should be borne in mind for our later discussion.

USES IN PSYCHIATRY*

Because peyote produces what has been described as a "mescal psychosis," the study of its use has been suggested as a useful approach for the understanding of schizophrenia. Likewise, the production of "horrible depressions" in an experimental subject of Prentiss and Morgan and "fear that his life was leaving him," as well as the unaccountable hilarity of Wertham and Bleuler's subject, suggests a possible similar value in the study of manic-depressive psychoses. Karwoski and Deschamps have thought that the use of *Lophorphora* alkaloids might "heighten *rapport*" in psychoanalysis. The writer has under way an experiment (on normal subjects) at the Menninger Clinic, designed to test out possible effects similar to those of scopolamine and sodium amytal.

Hutchings used pellotine as a hypnotic on psychotic patients in the St. Lawrence State Hospital. Pilcz likewise reports the use of peyote as a sedative for the insane, but Warburg states these experiments have met with little success, on account of the by-effects of the alkaloids. Goodall, of the Carmathen asylum, England, according to Havelock Ellis, tried peyote on melancholic and stuporous patients, but without therapeutic effect. Martindale and Westcott report that formerly peyote was used in neurasthenia, hysteria and asthma. Briau employed it in "anxiety states," but the extremely variable emotional states under peyote intoxication makes even tentative conclusions doubtful. Bensheim found different mescal reactions in cycloids and schizoids; but Wertham and Bleuler somewhat surprisingly discovered both reactions in a single person at different intoxications, and argued for "the inconstancy of the formal structure of the

* For a survey of the wider medical use of peyote alkaloids, see *The Peyote Cult*, by Weston LaBarre, Yale Univ. Publications in Anthropology, No. 19, New Haven and London, 1938.

personality." Zucker induced mescaline intoxication in hallucinated psychotics, but many uncontrollable variables are present here. Zador conducted experiments on the blind and patients with disordered vision, using mescaline, the chief hallucination-producing alkaloid of peyote. Klüver discussed color predominance in reported visions (red-green in the initial phases of intoxication, blue-yellow later), evidence bearing on the Ladd-Franklin phylogenetic theory of color vision. Klüver discussed "form-constants" in visions, but dealt with white subjects only. The present writer has collected some seventy-five native visions from fifteen Plains tribes during two summers' ethnological field work.

PEYOTISM AND ALCOHOLISM

Partly as propaganda for the cult to meet the objections of Indian missionaries, and partly because peyote is used as a panacea for all ailments, physical and spiritual, in both Mexico and the United States, it has been claimed by the cultists that peyote cures alcohol addiction. (In one Oto group, influenced by the "Russellites" or "Jehovah's Witness," the use of tobacco was also interdicted.) This naive though widely held belief that peyote cures alcoholism was by no means borne out by extensive field work. Hence the writer welcomed the opportunity to study an Osage peyote cultist suffering from alcohol addiction in whom this therapeutic effect had evidently failed.

CASE HISTORY

Vergil Buffalo is a thirty-year-old full blood Osage Indian of pyknic habitus, exceptionally neat in his appearance, and with a pleasant accessible manner. The patient's father was a prominent drummer in the peyote cult, but since he died nearly a year before the patient's birth, the result was tribal ostracism of the mother and her child. His first stepfather, although kind and indulgent to the patient, deserted his mother when the patient was nine years old and he died five years later. His second stepfather married the patient's mother when the patient was ten years old and lived with the mother about a year prior to her death. He was indifferent to the patient but did not punish him. His great uncle, while not a chieftain, was a prominent and respected leader of the peyote cult, and the patient lived with him at intervals after his mother's death until he was married at the age of nineteen to a white woman. One sibling, female, died at the age of three when the patient was five.

The patient had many temper tantrums as a child and threatened to

leave home when he wished a favor of his mother which was not granted. She usually relented but sometimes whipped him; nevertheless, he felt he could get anything he wanted from her. He attended Indian schools irregularly because his mother withdrew him on numerous occasions for no apparent reason. Before the age of ten many of his relatives died. The funerals depressed him, and he felt particularly lonely after his mother's death which occurred when he was eleven. His mother and stepfathers always had plenty of money and were even wealthier when oil was struck on Osage land. Among the schools he attended was one in the Southwest where he stayed from the age of twelve to fifteen, but which he left because of the hard manual labor and strict discipline, which included much whipping and testifying against other students because of his position as monitor. In later schools he had frequent fights with other Indian boys because of their envy of his wealth and the protected status it gave him.

He fell in love with an Osage girl who died of tuberculosis a few weeks after he developed this attachment. Although much disappointed, he became fond of another Osage girl but their marriage was prevented by his great uncle and the girl's relatives, both of whom had different plans for the couple. The patient began drinking more and more when she refused to elope with him, and impulsively proposed marriage the same night of her refusal to a white woman, one-sixteenth Cherokee, a friend of his mother's. She accepted, but after the wedding he was soon regretful of his impulsiveness for the Osage leaders refused to accept his wife. They sought to have his marriage annulled because he was under age, but he was determined to stick to his bargain. He began getting drunk several times a week. The patient felt increasingly depressed and guilty over this and, chiefly to please his great uncle, the famous peyote leader, he began in 1931 to attend the peyote cult meetings. After some thirty meetings he temporarily withdrew because of criticisms directed at him for inferior performance as a drummer and a singer in comparison with his famous father. The patient was in and out of several sanitariums in the Southwest and was jailed several times. He suffered from neuritis, delirium tremens and slept and ate poorly. A tonsillectomy was performed in January, 19– and a hemorrhoidectomy in September, 19–. He then came to the Menninger Sanitarium in December of the following year.

At the time of admission he was mildly obsessed with the idea that he had a special destiny in life. His dreams were of dead Indians talking to him about his wrongdoings and reprimanding him. Other dreams were of having intercourse with a white woman, usually older than he, though sometimes the woman was an Indian. He said the Indian office was constantly rebuking him and he resented the semi-guardianship his wife had over him. He had attempted to become an oil-well driller in the Southwest, but his drunkenness resulted in his

being discharged. The traumata which had been suffered by the patient were numerous: the tribal ostracism of his mother and himself because of the circumstances of his birth; the lack of a father; the desertion by his first step-father; the death of his mother; the death of his great-uncle; the interference with his marriage. His impulsive reaction to this interference, marriage with a white woman, resulted in an unsuccesstul adjustment for which he partially blamed himself. A dependent and demanding oral character, he had consistently failed to establish adequate adjustmental compulsive defenses.

Peyote "Visions" of the Patient

The "visions" of the patient under peyote intoxication may be a valuable auxiliary source of information for the psychiatrist, on the order of dreams, since both are produced by the same personality under conditions of diminished functioning of the conscious ego. This appears to be borne out by the four recorded visions below, all of which contain obsessive motifs.

Vision I. Once while under the influence of peyote, he saw a man with white hair, an Indian with a pronouncedly large nose, standing at the place of the "Father-Peyote"* on the altar and walking toward the fire. The man was dressed in red. The patient looked away momentarily and the man disappeared; he felt he should have watched this man and thought he must have done something wrong. "I must have broken one of the rules of the peyote meeting." (The rules of the ritual in his tribe's version are fantastically elaborate.)

Vision II. Once in a peyote meeting he saw an eagle or "water-bird." (This is a stereotyped experience, involved in the symbolism of the early morning rituals.) "This bird is the *cleanest* of all the birds; he flies up there where the air is cleanest of all."

Vision III. Once at a meeting he looked across the altar fire to a person who was singing at the time. The singer was holding his "arrow" straight and vertical before him. (This is part of the ritual paraphernalia.) The singer was an older man, a famous peyote leader; he was not, however, leading the meeting, since he was ill and the patient's great uncle was conducting it for him. Although this man was singing at the time, to the patient he appeared to be nodding slowly and gracefully toward him and saying over and over again, very slowly, "I love you, I love you." At this same meeting the patient heard "Corn Lady" singing in the meeting to reassure him, although women do not sing in the peyote cult. This woman is a mythological figure involved in the legend surrounding the cult; it was she who

* The "Father-Peyote" is an unusually large or well-shaped fetish-"button" placed in the center of the altar. To it all prayers are addressed. The leader of the meeting often carries it as an amulet or protective fetish in a beaded bag around his neck. Formerly the fetish button was carried as a protection against injury in war raids.

originated the use of peyote in meetings. The patient said he went to these meetings only to please his uncle at first, although he later came to enjoy the effects of the plant narcotic. Several times he became extremely frightened in meetings so that he felt like screaming; "It just gripped me," he said. (In this connection, it may be well to remark that the ritual fire is called in his Osage dialect Wihtsiku which means, literally, "uncle.")

Vision IV. Once he was watching the altar fire (as all communicants are urged to do) and the fire disappeared entirely. In its place he saw an open prairie and a short distance below him some water. "Then a cool mountain breeze hit me and I thought if I could only wash my hands in the water, everything would be all right."

DISCUSSION

Extended study of this case permits a few conservative generalizations, though much further investigation would be required to clarify outlines. It appears that the patient was never able successfully to identify himself with any father image (his father died, his stepfathers deserted him, and his great uncle died). The patient's maternal grandfather was the first Osage to marry a white woman, for which offense he was much criticized. It is interesting to note that the patient went through this identical performance, once again inviting upon himself the ostracism suffered at his birth.

His attempts to succeed in the terms of his own culture were met with consistent criticism, and he was led to believe that compared with his father and his uncle he was a failure. He was not permitted by tribal authorities to manage his own marital plans. Again, he sought success in terms of white culture and married a white woman, but various traumatic events prevented this adjustment also. Caught between the two cultures, in neither of which he fully participated, this man lacked the psychic authority and security of either. Drinking was his "solution."

The recorded "visions" give us further consistent information about this character. Vision I shows his anxiety at having broken one of the "rules" of the large-nosed man, or "Father Peyote's" ritual. Vision II is consistent with his compulsive cleanliness (remarkable for his group). Vision III suggests a homosexual panic, involving his uncle (and mother?) in some way we do not yet clearly understand. Vision IV is a fantasy not unlike the "undoing ritual" of a compulsive character. All these interpretations are offered

tentatively, although based on the patient's own associations, and backed by the writer's appreciable knowledge from intensive study of the cultist facet of the patient's background.

SUMMARY

Large scale exhortations for the theoretical cooperation of anthropology and psychiatry are increasingly frequent in the recent literature. It is suggested that ethnological information like the above may be of more use to the practicing psychiatrist. We have discussed the drug-induced "visions" of an Indian alcoholic addict as affording information for the psychiatrist similar to that obtainable from dreams. The cultural background of the peyote worshipper has also been briefly sketched.

THE RETURN OF THE REPRESSION*

By Ernest Lewy, M.D.

The concept of the return of the repressed material first appeared in Freud's early paper[4] "Further Remarks on the Defense Neuropsychoses." Describing the typical course of obsessional neuroses, he said, "The next period, that of illness, is distinguished by the *return of the repressed memories*, i.e., by failure of the defense. . . ." This concept and the mechanisms involved are so familiar to psychoanalysts that it is unnecessary to review them here.

A phenomenon based on exactly the reverse mechanism has lately been observed several times and has caused considerable commotion in analytical circles. It has been especially noteworthy since it has happened to psychoanalysts of long standing and high reputation. After having freed their scientific thinking from the domination of repressing forces at an earlier period, and after having kept their thinking free from these forces for many years during which they were productive in psychoanalytic literature, they finally succumbed again to repressive tendencies. Since this process, which one might call the "return of the *repression*" has necessarily been reflected in the scientific writings of those analysts, much interest has been aroused and questions have been raised regarding matters considered to be at the foundation of psychoanalytic theory.

Psychoanalysis is a science and not a religious dogma and there must be progress and changes in every science. It is one of the criteria of genuine science—which does not claim to have been obtained from supernatural powers by revelation, like religion—that the scientific theories and concepts broaden and continually evolve. This has been acknowledged repeatedly through the years by the analysts, recently by Kubie[8] and by Franz Alexander[2] in his obituary on Sigmund Freud.

The phenomenon to which we are referring is not a true part of this evolving of scientific theory. The scientific opinions that originate from "the return of the repression" are really products of a mental process in the author characterized by a reinstituting of repressing forces which obstruct his scientific vision. M. G. Kanzer[7] in his paper

*Read before the Topeka Psychoanalytic Society on September 28, 1940.

"The Personality of the Scientist" points out how personal emotional elements definitely exert their influence on the opinions of scientists. If the return of the repressed memories is due to a weakening of the defense devices, the phenomenon here under discussion is due to just the opposite process. It is worthwhile to investigate the causes of this development more closely and to expose them to public discussion because the phenomenon constitutes a serious menace to the scientific progress achieved by psychoanalysis. The authors in question still work in the name of science and officially are still psychoanalysts. They are obviously not aware of the fact that they are the victims of the same psychic forces which they previously had been able to uncover in their patients. We believe this kind of theory revision can properly be called "acting out" in the same sense as we see it in our analytic patients.

What we see here is essentially not at all new. We are at once reminded of what Freud[5] has described in "The History of the Psychoanalytic Movement" in reference to Adler and Jung. The analogy, however, is only partial, for the particular reason that psychoanalysis at that time was in its early stages and the connection between those early collaborators with psychoanalysis and Freud was much shorter in time than those of the current dissenters. Nevertheless, the similarity is strong, inasmuch as the chief subjects of the revision are again the same as in those early stages—namely, the objectionable theory of sex, the significance of the instincts and the biological point of view. We know that the strong aversion and emotional resistance to these subjects have caused discord in the past, and now we see the same forces at work, the same resistances and a similar set of rationalizations and disguises.

Several writers have already paid attention to the publications which we have in mind, have efficiently characterized and refuted or corrected them and have tried to pick out and to preserve whatever useful contributions have been made in single points. Fritz Wittels[9] in his article, "The Neo-Adlerians," Zilboorg[10] in his paper "The Fundamental Conflict with Psychoanalysis" and Franz Alexander[1] in "Psychoanalysis Revised" have very clearly and exactly pointed out upon what errors those attempts at revision usually rest. Since this general critique has been done so satisfactorily, it is very tempting now to try to find out more specific causes, especially in those analysts

in whom "the return of the repression" occurred at a conspicuously late time and after many years of successful scientific work.

What one might postulate is that personal emotional factors of various sources, after having increased in strength for various reasons at a certain time of life, have won a directing influence over their scientific thinking without their either being aware of it or being able to admit it.

If we try to enumerate the different forms and content which the "return of the repression" presents we find, first of all, a repudiation of the importance of sexuality. The importance of the sexual impulses which stood as almost the sole cause of conflict in the early days of psychoanalytic theory was long ago reduced by the introduction of the concept of the destructive impulses and by the closer investigation of ego psychology; but now, to the writers in question, it has become evident that the biological foundation of the psychology of the neuroses has to be discarded. As a logical consequence, the libido theory also must go. To them the social factors are all-important. The baby is poured out with the bath. Freud and others have never overlooked the social factor. Some writers attempt to create the impression that Freud was so completely an intellectual victim of the biological thinking of the second half of the 19th century that he was blind to other points of view. That this is not true can be proved by the fact that he himself rejected the biological viewpoint in favor of the psychological one if he deemed it necessary on behalf of scientific truth. This he did, for instance, when he rejected Wilhelm Fliess' concept of the repression as originally determined by the difference of sexes. Freud[6] says in "Psychoanalysis Terminable and Interminable": "I do not think we are justified in sexualizing repression in this way—that is to say, in explaining it on a biological instead of a purely psychological basis." But, as Alexander pointed out, this fact has to be neglected for technical reasons by the reformers. The dialectic method makes it necessary first to create an enemy who really does not exist, in order later to be able to attack him successfully.

Furthermore, the assertion which Freud[5] has already dealt with in his "History of the Psychoanalytic Movement" is repeated, that sexual contents are merely symbolic. It probably occurs to every practicing analyst that in some instances frankly sexual details of a manifest dream make better sense if interpreted symbolically; but it

is hardly conceivable, especially to one who has seen the unconscious lie open in psychotic patients, that this should hold true in every case. It is extremely important for every analyst to have had experience with psychotic patients. The correctness of Freud's theories is often most evident in the utterances of psychotics and severe neurotics who are near psychosis where one encounters the unconscious so often in undisguised form. Much less effort at revision would be made if more analysts knew more about really deep-reaching disturbances.

We note also that religious needs return in disguise. It is not only in the way which Zilboorg[10] has described, namely, the mixing up of the scientific conception of the psyche with the religious conception of the soul, but also in other forms. For example, one analyst introduces the conception of Fate, not as a simple factor of reality but in a mystical fashion, defining Fate as something which has an inherent sense, beyond the sense that lies in occurrences prompted by actions of the unconscious. This is not the legitimate attitude of the analyst who tells the patient that he must accept reality; it is the return of the Hellenic idea of the "moira," with, moreover, a definitely religious undertone. It is not that we object to the analyst's or any scientist's right to take a stand regarding metaphysical problems or *Weltanschauung*, but as Bernfeld[3] has formulated it in his book on the present-day psychology of puberty, this has nothing to do with a scientific attitude toward the science of psychology. He says, "Psychoanalysis has consciously foregone the gratification of all extra-scientific needs. She does not want to be beautiful nor all-embracing, nor perfect; she does not want to be satisfactory in any other sense than that of scientific truth."

We feel that it is necessary to distinguish more sharply between psychoanalysis as scientific psychology on the one hand and psychoanalysis as a form of psychotherapy on the other. The former has to refrain from taking a stand on all ethical, religious, aesthetic and *Weltanschauung* problems, whereas in exercising the practical art of psychotherapy, the analyst will not be able to keep entirely clear from such influences but on the contrary will have to accept their existence and deal with them as indispensable life values.

We also see to our amazement that the conception of free will is introduced again. It would certainly be an interesting subject to discuss the role of free will in psychotherapy and in other practical

problems connected with psychology; but the definitely sentimental ring to certain statements pertaining to this subject of free will and human dignity seems to aim at an effect on the sentiment of the reader rather than at a scientific end. In recent allegedly psychoanalytic papers we find conceptions like "overflowing vital energy" as the source of happiness or the conception of love as "overflowing life" which was taken from Balzac who was an admirable novelist but no scientist. This makes us feel that there is often not too much but too little biological thinking used in psychoanalytic research.

The overemphasis of mythical and mystical contents of a vague nature connected with aesthetic and religious needs has long been recognized, especially in the publications of Jung and his followers. It is again this attitude with its consequent insidious, slightly contemptuous air toward "lower" things like sex which appears in recent papers produced by certain analysts. It is a subtle, hardly noticeable shifting of the accent from objectionable to more acceptable subjects. The conflicts which underlie the neuroses are, according to these analysts, just commonly known and commonly accepted matters. It is not necessary to explore the depths of man's "baser" impulses in order to solve his problems. These were errors formerly committed in an early age of analytic research, so to speak, in a volcanic adolescent enthusiasm.

It is amazing to what extent "common sense" has here replaced scientific thinking. The precise instrument of research which psychoanalysis has constructed under great difficulties and the knowledge acquired with it in years of labor is being thrown away because the results do not seem to comply with "common sense." The reason, we repeat, that "common sense" is restored to authority is because it serves as a handy weapon to maintain or re-establish the repression.

Aesthetic needs also sometimes cause a repudiation of psychoanalytic concepts. Certain persons cannot carry on psychoanalytic work after having gotten acquainted with the subject. They drift away from the unsavory aspects to the more appealing ones. Those are the individuals who, after a period of real psychoanalytic activity, begin to prefer the Jung psychology with its aesthetically and socially much more desirable views. We have frequently noticed that Jung's psychology appeals especially to certain types of people who are socially very agreeable but who are not endowed with a sufficient capacity for

sober scientific work. This is why such a great percentage of the followers of Jung can be found in higher social strata whereas it appears that Adler's ideas have drawn most of their followers from the ranks of school teachers and social workers.

We know that aesthetic ideas and ideals and the necessity for "clean" thinking are the product of the process of repression, and especially of reaction formation. The analyst has to deal with the underlying material and has to recognize it in its unchanged, unsublimated status, being able to do so through his own analytic training. If he fails to keep this capacity later, we have to conclude that he has succumbed to the "return of the repression," no matter what rationalizations he may utilize in promoting his revised theories.

If one formulates the problem this way, one has to turn the focus of investigating light on the person of those authors far more than has been done so far. This method of *argumentatio ad personam* is not well liked and never pleasant, either for the one against whom it is used or for the one who is forced to employ it in the name of truth. One should think twice before he uses it, but, as we all know, it has been necessary time and again in the scientific controversies about analytic theories because of the very nature of psychoanalysis and the resistance evoked toward it and the important role which emotional factors play in it. References to personal emotional resistance to psychoanalysis in previous discussions have been rather general. Personal contact, close and long observation and certain data on the history of psychoanalysis as well as on the scientific career of many workers in this field make it possible for us to look somewhat deeper into the matter.

The process of aging, with its accompanying psychological consequences, is undoubtedly an important factor. By aging nothing like becoming senile is meant. Neither does it necessarily mean that the person involved is unable to accept internally the fact of getting old. On the contrary, just this acceptance of the inevitable experience of aging and the resulting internal readjustment seems sometimes actually to promote this "return of the repression." One sometimes has the impression that the person who experiences aging knows his psychology lesson very well and tries just a bit too hard to be adjusted. The tendency appears in him to belittle factors which he previously considered predominant in importance, as for instance,

sex. The personal readjustment which the process of aging necessitates in the analyst brings about actually a shifting of the emotional accent from interests which were more urgent in younger years to things which are less dependent on the age of the person. It is hard to prevent such a change in one's personal feelings from creeping into one's scientific views. One feels a little differently about certain subjects, although, naturally, none of the insidious effect of such slight changes is noticeable to the person himself. It is easy to understand that under such conditions one becomes, gradually, again a little bit more accessible to notions critical of psychoanalytic tenets, even if these critical notions are founded not on objective observation, but on emotional factors, the well-known forces of repression.

Numerous other factors can further this process. Interpersonal reactions play an important role. Friendly influences from closely related or well-liked persons who are opposed to certain conceptions of psychoanalysis lead to the adoption of corresponding ideas if these ideas are plausibly presented and seemingly backed by scientific argument.

In "Psychoanalysis Terminable and Interminable," the paper in which Freud refers particularly to the psychological problems of the analysts, he says, ". . . It cannot be disputed that analysts do not in their own personalities wholly come up to the standard of psychic normality which they set for their patients," and "It does look as if a number of analysts learn to apply defense mechanisms which enable them to divert the conclusions and requirements of analysis from themselves, probably by applying them to others. They remain as they are and evade the critical and corrective influence of analysis." Even if we do not go as far as Freud did to deny the influence which analysis may have or should have exerted on those analysts, we shall have to assume that in a good many of them their own analysis had an effect insufficient to prevent a later "return of the repression" under certain unfavorable conditions. Thus we have the right to believe that, as has happened before, an unsolved Oepidus conflict, acted out against the powerful father Freud, an unsolved penis envy acted against the successful potent man Freud, a "masculine protest" and undispersed fears of instincts have furnished the driving force behind the rationalizations which have tried to justify these attempts to put the psychology of the neuroses on a new basis.

Often less specifically personal feelings and resentments independent of the person's age are acted out and directed into scientific channels. One example of such a process is the sad and not infrequent occurrence of more or less complete repudiation of psychoanalysis by formerly well known analysts in those countries where freedom of scientific research no longer exists, as in Nazi dominated European countries. For analysts who understand the horrible pressure which is constantly being brought to bear upon the minds of the inhabitants of the totalitarian countries, it is not necessary to presume that the changes of conviction voiced by those former analysts are dishonest. They are certainly due to similar emotional factors as described above among which the "wish to belong" may be a very potent one. Such precipitating events of strong dynamic value are sometimes responsible for forcing the struggling egos of the writers to retreat again to previously abandoned defense positions in order to maintain or re-establish their psychic equilibrium.[11]

Do the above listed causes for the "return of the repression" harmonize with the causes which we know to be responsible for the relapses of analyzed patients into new neuroses? In "Analysis Terminable and Interminable" Freud reports several cases which had been analyzed during the earlier years of the analytic method and assumes that the comparatively less satisfactory technique of those years might have been a causative factor for later relapses. One is inclined to assume that the same factor may be of importance in older analysts who are unable to maintain their clear psychoanalytic view.

But Freud goes deeper into the matter of the conflict between the ego and the id. Unafraid of a possibly unpleasant answer, he asks with admirable frankness whether it is really possible to resolve a conflict between the ego and instinct finally and for all time. He merely suggests this question and does not answer it. We believe the answer in many cases might very likely be "no." Thus we probably do not make a mistake when we apply this idea to our problem and suppose that such unsolved conflicts are at the basis of the phenomenon of analysts who fall back into repressive attitudes.

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THE ROLE OF PRESCRIBED SOCIAL GATHERINGS IN THE TREATMENT OF THE MENTALLY ILL

By Myrl Anderson, O.T.R.*

The therapeutic values of social activities in the treatment of mentally ill patients are so well recognized that an organized program of parties, lectures and dances directed by well-trained therapists is an indispensable part of the treatment plan of every modern psychiatric hospital. Less well known, however, are the specific aims of such activities and the means by which the individual patient utilizes the opportunities provided in social gatherings. Unless the therapist is aware of the dynamics of the situations which he creates and directs, he is apt to waste a great deal of energy in dragging reluctant and listless patients through a stereotyped program, with little constructive results to show for all his labor.

In a series of seminars conducted by the physicians and the therapists of the Menninger Sanitarium, the aims for the program of social activities for the patients were discussed, illustrated by case histories, and outlined to be used as a guide in planning all future events. These outlines fulfilled two purposes: they helped the physicians to decide how many and what type of social activities to prescribe for each patient; and they gave the therapists a specific therapeutic goal to work toward in planning and administering their program. The prescriptions for each patient, under this system, were no longer generalized and subject to various interpretations by the therapists, but were as specific as the medical and psychotherapeutic prescriptions.

With specific aims and specific prescriptions, it became possible to carry out detailed experimental observations and research on the reactions of certain types of patients to various entertainments and types of program, and from these observations to re-organize the work more efficiently to meet the needs of the patients. In this research the occasion known as "the weekly Social Hour" was most useful because of its informal nature, the standard conditions under which it was

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held, its short duration and the ease with which it could be transformed from one type of activity to another in succeeding weeks.

These Social Hours are held in the Women's Craft Shop from 3:30 to 5:00 p.m. each Tuesday. They are attended by the patients and by the members of all the various departments of the Sanitarium—doctors, nurses, therapists, students in various departments, and the office staff. There is a tea table which is usually presided over by one of the patients. After refreshments there is a program of an educational or recreational nature.

The purpose of the occasion is to create a real situation in which there is an opportunity for the satisfying of social needs. Some of these needs are: (1) Many patients have found themselves inadequate to most social demands and shrink from all contacts. A means must be found to bring them out of the shell into which they have retreated and to help them to face reality by giving them an opportunity for some accomplishment with protection from failure. (2) Some patients seek all their social satisfactions in phantasies in which they are the leading character. They need an opportunity to live out in a real situation some of those dreams which have a tendency to absorb their entire interest. (3) Many patients are handicapped socially by strong hostilities toward other people which render them either unpopular or else completely inactive. They need an opportunity to express these hostilities in socially acceptable ways. Such a need is usually met more satisfactorily in sports and contests than at social affairs where politeness is emphasized, but occasionally a suitable outlet can be devised in the Social Hour. (4) Praise is necessary to all individuals, yet many have received little or none. This deprivation often contributes to the development of mental illness. Opportunities for earning praise can easily be provided in social situations.

Not every Social Hour offers all of the above-mentioned satisfactions; nor does every Social Hour furnish direct therapy for every patient who attends, because the group is composed of many types of patients. But with a large staff of therapists who know the individual recommendations for each patient and who understand the technique of carrying these out, a great deal can be done to adapt the activity of the day in such a way as to meet a wide variety of needs.

A description of some of the Social Hours will show how this is done. The type of program which has attracted the most interest

from the greatest number of patients is that in which articles made in both the men's and the women's craft shops are put on exhibit. There is a great satisfaction in seeing one's own work on display and in comparing it with the work of others. Such an occasion gives an opportunity for praise to be bestowed and offers an incentive to many patients to do better and more ambitious things.

The next most popular type of program seems to be that at which members of the medical staff give talks. The success of these events appears to lie largely in the fact that the patients identify themselves with the speaker. There is a feeling of belonging to the doctor and a gratification in the fact that he is taking them into his confidence and sharing some of his experiences. Such a situation is particularly helpful to those patients who tend to live in phantasies.

In contrast to this experience, however, there seems to be a definite lack of rapport between the group and outside speakers. The patients are quick to sense a feeling of uneasiness on the part of the speaker and to resent his intrusion upon their privacy. The presence of a visitor sometimes reminds them of their own restricted life. The critical remarks which are often made following these outside talks do not indicate, however, that the talk was of no therapeutic benefit; it permitted the free externalization of feelings of hostility without the guilt feelings which would arise if the same criticism was vented on members of their own group.

Games, particularly those which depend on luck rather than skill, are very popular as Social Hour pastimes. One of the best liked is "horse racing" using pasteboard horses and stage money. The realization by the patient that no unpleasant consequences or comparisons can result from such a game in such informal surroundings permits him to relax, even if he is timid and fearful. In fact, games answer to some extent all of the social needs enumerated above.

Another type of Social Hour arranges opportunities for creative expression. The great difficulty with this kind of program is that many patients are so inhibited and so fearful of appearing at a disadvantage that they refuse to join in. To overcome this inhibition, great care must be used in selecting an attractive medium that promises easy success. We have found that finger-painting, that fascinating colorful way of putting ideas on paper without the use of brushes or pencils, is an excellent "ice-breaker" at parties. Many people who

would never have attempted formal drawing or painting have played with this paint and have been delighted and surprised at the striking patterns they produced. The fact that to use the paint, one must get his hands covered with it is very important in establishing ease and gaiety. The person using it literally "gets his hands in" and is thereby participating in a social and creative occupation. His inhibitions are relaxed by regressing to a childhood level, but unlike other regressive activities, this one brings him approval and praise.

Story-writing is an expressive activity which appeals especially to those patients who are capable of putting their aggressions into words. It also affords an outlet for phantasies. One variant which has elicited a good response from a group is that of giving out a list of fantastic words which are to be woven into a story in a fixed period of time. The stories often give a very interesting insight into the patients' phantasies and ideas.

One of the most important therapeutic values in the social program is that which the patients derive from taking responsibility for their own social affairs. The Social Hours have proved invaluable in giving opportunities in rotation for this kind of constructive participation. Many of the occasions are planned completely from decorations and food to program by several patients working together unaided. At other times when independent leadership is not available, a group of patients assist the therapist in her plans. Some prepare the food, others select flowers from the garden and arrange them for the table, others set up the tables for games or receive the guests. These duties make the situation much more realistic and give opportunities for both individual and cooperative achievement with its consequent social approval.

One woman whose illness had been diagnosed as manic depressive psychosis, in the manic phase, was hurried and careless in her craft work, slovenly in her dress and profane in her language. She made unceasing demands for attention. When she was asked to serve tea during a Social Hour she accepted with evident pleasure. She dressed carefully for the occasion and showed poise and graciousness in greeting and serving the guests. She acted the part of a charming hostess splendidly and thus secured the attention she so much desired in an entirely acceptable way. Another woman seemed utterly lethargic and showed no interest in any craft work, flatly refusing all of the

therapist's suggestions. When, partly at the instigation of some of the other patients, she was invited to preside at the tea table during a Social Hour, she surprised the therapist by accepting and making a successful hostess. This was the first time she had made any attempt to participate in Sanitarium activities, but thereafter she volunteered to help in cleaning the cupboards and finally entered other shop work of her own accord.

Still another case was that of a young woman who had suffered for years from a fear of crowds to such an extent that she was unwilling to leave her room. At the hospital she became terrified whenever she walked a short distance from the building in which she lived. After a time, when some improvement was noted in her condition, she was asked to take charge of a Social Hour. Although she required some persuasion to attempt it, she soon became interested and finally assumed full responsibility for the affair. Its success marked a milestone in her recovery.

One variation of the Social Hour pleases both the men and women patients. This is the "Men's Tea" when the men take charge of all the arrangements for the party, including the preparation of the food. In the kitchen of the craft shop the chef *pro tem* dons an apron and a tall white cap and presides at the doughnut kettle (or the "hot dog" stand). The guests are greeted at the door of the shop by a special host, and efficient white-aproned waiters serve hot coffee and substantial food befitting a men's party. The men take pride in planning a "surprise" program and often produce a new game or contest that is highly popular.

There is no doubt that this kind of affair enables some men to achieve a highly satisfactory distinction. Mr. C was a friendly, boisterous and somewhat infantile alcoholic patient who showed no aptitude whatever at shop work or at sports. He was undependable in carrying out any of the prescribed therapeutic activities assigned to him. Yet at one of the Men's Teas he envisioned himself as head waiter and master of ceremonies with such success that he carried the entire party on his shoulders. He had found a constructive outlet for his talents and in it he showed considerable initiative, reliability and tact.

SUMMARY

Informal social gatherings, such as the Social Hours described above, provide reality situations in which the needs of mentally ill patients can be observed and met by careful planning. They are especially valuable in offering opportunities for encouraging and developing initiative and cooperation in patients through active participation.

PUBLICATIONS BY MEMBERS OF THE STAFF

BROWN, J. F., PH.D. *The Psychodynamics of Abnormal Behavior.* Price $3.75. Pp. 484, New York, McGraw-Hill Book Co., 1940.

This textbook is a tremendous advance over previous texts, because it meets the need of the average premedical or medical student to know something about abnormal psychology which he can relate in practical ways to the psychiatry he learns later. Former texts on abnormal psychology failed to prepare students with a methodological basis for understanding human behavior. Brown's book does this.

This pedagogic advantage is instituted in the first part of the text, "The Organismic Solution." In it the modern concepts of normality, abnormality and personality are introduced and followed by a lucid delineation of the historical development of psychopathology. In the necessary chapter dealing with the philosophical aspects of the psychosomatic problem the lesson implicit in the previous chapter, that the growth of the scientific method is a representation of the conflict between materialism and idealism with the emergent superiority of the former, is abandoned by Brown for the neutralism of the logical positivists.

In the second section on "Symptomatology" the preparation made by the first section facilitates a clear understanding of the meaning of symptoms. Even the chapters more traditionally handled carry meaning not found in other textbooks.

After describing the methodological basis for psychodynamic theory in the third section, Brown accepts psychoanalysis as the most systematic approach and gives its theory in the next three chapters. The excellence of this exposition is marred by a too-loose definition of instinct or basic urge and by an attempt to cover too completely the field of psychoanalytic theory.

If one keeps in mind the rigid scientific tenets posited in the first part of the book, he will understand why the pluralistic eclecticism of the Meyerians is not mentioned in the chapter on theoretical approaches other than psychoanalysis.

The fourth part, "Psychiatry," written in collaboration with Dr. Karl A. Menninger, treats each psychiatric syndrome with emphasis upon dynamic factors, which is in keeping with the trend of emphasis of the entire book. This section should prove valuable even to students who do not have clinical material available to study, though it would be better if clinical studies could be made in conjunction with study of this part of the text.

Brown's objections to psychoanalysis from a methodological viewpoint may possibly never be overcome, because psychoanalysis is a

genetic and not an "ahistoric" psychology. Yet in the last part of the book on the future of psychodynamic theory he indicates how psychoanalysis may overcome its difficulties in meeting the prerequisites for an experimental psychopathology.

The book can profitably be studied not only by college and medical students, but by anyone interested in the subject. It merits success by reason of its unique and correct approach to a most difficult pedagogic problem.

NORMAN REIDER, M.D.

BROWN, J. F.: Individual, Group, and Social Field. *Am. J. Sociol.*, 44:858–867, May 1939.

This paper is part of a symposium on the relationship between the individual and the group to which this number of the journal is devoted.

The antithesis between the individual and the group rests on a meaningless dichotomy which arises historically from the methodologically inadequate biological science of the nineteenth century. The theory of the social field overcomes this dichotomy. The nature of the social-field theory is discussed with regard to the problem of the individual and the group. The implications of psychoanalytic psychiatry and of Marxian sociology for each other raise important problems for further research.

BROWN, J. F.: The Dynamics of Visual Speed, Time, and Space. *J. Psychol.*, 8:237–246, October, 1939.

The author attempts to answer some criticisms of Cartwright, Koehler, and Wallach of his theory of visual movement perception. The present status of the theory is reviewed.

BROWN, J. F.: The Position of Psychoanalysis in the Science of Psychology. *J. Ab. & Soc. Psychol*, 35:29–44, Jan. 1940.

This paper is part of a symposium on psychoanalysis by analyzed experimental psychologists. Psychoanalysis is methodologically evaluated as a method of psychological observation, a system of theoretical construction, a psychotherapy. The author's ideas of the relationship between psychoanalysis and experimental psychology are given.

BOOK NOTICES

Comparative Psychology of Mental Development. By HEINZ WERNER Pp. 510. New York, Harper & Brothers, 1940.

This is the first English edition of a work which in the German version was recognized as the best survey of comparative developmental psychology. It has been re-written to meet the taste and needs of the scientific American public. The psychology of the child, of primitives, of mentally disturbed, and animals is compared and related to their structural similarities. (D. R.)

The First Five Years of Life. By ARNOLD GESELL *et al.* Price $3.50. Pp. 393. New York, Harper and Brothers, 1940.

Doctor Gesell and his associates at the Yale University Clinic of Child Development outline the process and products of mental growth from birth to six years. Development in these four basic fields is studied: (1) motor characteristics, (2) adaptive behavior, (3) language behavior, (4) personal-social behavior.

A developmental examination is used which gets away from the overemphasis on the I. Q. and substitutes a broad, many-sided study of the total process of child development. Emphasis is placed upon the underlying mechanisms of psychological growth and upon interpretation rather than bare scores. (H. M. P.)

How to Help Your Hearing. By LOUISE M. NEUSCHUTZ. Price $2.50. Pp. 179. New York, Harper & Brothers, 1940.

The author stresses three points: first, that remarkable progress has been made in the development of mechanical aids to hearing which should be sought for and used by those in need of them; secondly, that the attitude of the deafened person toward his affliction has much to do with the degree of handicap it causes him; third, that by accepting one's limitations and the responsibility for developing one's other resources one can actually exploit the affliction to the benefit of the personality. (C. F. M.)

Beyond the Clinical Frontiers. By EDWARD STRECKER. Price $2.00. Pp. 210. New York, W. W. Norton & Co., 1940.

This is a very readable book, written originally for the Thomas W. Salmon Memorial Lectureship. The author emphasizes comparisons between mass or crowd evasions of reality and the evasions seen in mental disease. A broad mental hygiene program of early childhood the author believes would make for a steadily increasing number of those who would approach their social relationships with intellectual discrimination and judgments of worth which are their own. (S. A.)